

October 1960 No. 7 Vol. 3

## EDITORIAL

### ON THE AGENDA

A brief guide to committee procedure  
by Frances M. Taylor

148

### REFRESHER COURSES

being arranged in 1961 for district nurses who are  
state registered

149

### CARE OF THE DERMATOLOGICAL PATIENT

"The skin is still too often regarded as a convenient  
covering for more important underlying structures.  
This is not so."

by Donald I. McCallum

150

### A PALETTE OF COLOUR

Autumn colour at Scotney Castle

151

### THE OBJECTIVES AND PRIORITIES OF HEALTH VISITING AS A SERVICE TO THE COMMUNITY

The second-prize winning essay  
by Doreen S. Collins

152

### ON THE INTERNAL PHONE

All in the Day's Work. No. 14—A District Nurse  
at a Health Centre  
by Dorothea A. Beatty

154

### MELBOURNE 1961

156

### THE BADGER

Diary of a District Nurse No. 3

159

### NURSES IN THE NEWS

Obituary; Personnel Changes; Association of  
District Nurses

161

EIGHT-YEAR old Billy arrives home from school every day at half-past four—to find an empty house. His mother, who works in a factory, does not get in until six o'clock. His father, a long-distance lorry driver, may arrive home at any hour up to midnight, or even later; often he is away for several days at a time.

So Billy is left to look after himself for an hour and a half every day. He is one of the "lucky" ones: his mother trusts him with the key, which means he can let himself in, switch on the electric fire, and dip into the biscuit tin, school dinner being but a memory by this time.

What shall he do then? Sit in solitary state before the television set? Or go out and wander about the streets with other boys, some of whom are locked out until Mother arrives home?

The Children's Acts were brought in particularly for the benefit of "children deprived of normal home life"—children like Billy, presumably. Unfortunately this is not so. One would not say that Billy enjoyed a normal home life, but within the terms of the Act he does, because he has two parents and he lives at home with them.

General opinion as to what is "normal" has, in respect of working wives, reversed during the last twenty years. A married woman is not regarded as behaving normally if she devotes all her time to being a wife and mother. In fact, if a bride announces her intention of giving up her job after she is married, she is looked on as a slacker, if not worse, in some circles.

Psychological research in industry shows that, for married women as well as for others, the primary incentive in working is not the monetary reward but a need for companionship and a sense of belonging somewhere. At present the family circle is not sufficient.

Until the conditions change, and women concentrate on home-making to the extent necessary for them to find sufficient companionship and security there, those whose concern it is are left with the problem aptly summed up in the title of a conference to be held next month "Working Wives—What of the Children?". (Full details are given on page 157).

Until that time, unless a solution is found, Billy and his friends will continue to roam the streets, feeling unwanted and unloved, and the way for some will lead to the Juvenile Court, while others will need treatment for mental instability.

# On the Agenda

by **FRANCES M. TAYLOR**, *Committee Clerk, Queen's Institute of District Nursing*

**A**LTHOUGH different organisations may vary slightly in their conduct of committee meetings, the following notes give a brief outline of the procedures which are usually followed in electing a committee, preparing for and conducting a meeting, and the duties normally expected of the officers and members.

## Constitution

Whether a committee is a regular one (standing) or an ad hoc one (for a special purpose), the constitution is similar. There are officers and members. To take an example: a town's dramatic society might elect from amongst its members a committee of nine each year at the annual general meeting. Some time before the meeting those members wishing to make nominations will have returned their form or forms provided beforehand by the secretary, appropriately filled in (having first made sure that the nominee is willing to stand).

Nominations are usually signed by two people, the proposer and seconder, and indication must be given if the nomination is for a special office, such as chairman or secretary. At the annual general meeting the secretary should read out the list of nominees and ask members to signify approval of their election. If more than the requisite number of members are nominated a ballot should then be held.

## Preparation for a meeting

Once the committee is elected it is the secretary's business to arrange the date for the first meeting, book a room and prepare an agenda, usually in consultation with other officers. The agenda should be sent out about a week before the date of the meeting, and it is advisable for the secretary to make sure that committee members are aware of the date well beforehand so that they may note it in their diaries and send in any items of business for discussion.

On the day of the meeting the secretary should arrive some minutes early, to make sure that the room is in order and place all necessary documents on the table. Two important ones are the minute book and the attendance book.

## Chairman

The chairman's seat is placed at the head of the table, or wherever is considered to be the best position for controlling the meeting. He has in front of him (if the proceedings are formal) a gavel, pen and ink, blotting paper and drinking water. Whether male or

female, the chairman is always addressed as "Mr. Chairman".

Suppose that at this meeting the chairman has suddenly been taken ill and cannot attend. If there is a vice-chairman he automatically takes the chair, but if there is no vice-chairman then it is up to somebody to suggest a deputy. If everyone agrees, he is elected acting chairman for the session and moves into the appropriate seat.

It is the chairman's business to see that the proceedings start promptly. A tap with his gavel on the table is the call for order and the signal that the meeting is open.

## Proceedings

On this occasion the acting chairman will probably start by making sympathetic reference to the chairman's illness, which the secretary should record for the minutes.

The first item on any agenda is normally the reading of the minutes of the last meeting or, if these have been circulated previously, they are taken as read and signed by the chairman as a correct record, provided no one has any queries or amendments. If any amendments are to be made then the secretary takes note of them for inclusion in the minutes. For instance: "the minutes of the last meeting were signed by the chairman as a correct record subject to the following amendment. . . ." If the amendment is very small it may simply be made in writing in the minute book and initialled by the chairman.

After apologies for absence have been noted, any business arising from the last meeting is considered. The secretary will have read through the last minutes very carefully, picked out the matters arising therefrom, and itemised them on the agenda.

After this will follow other items of business arranged where possible so that one item leads naturally to the next. To finish there is usually "any other business" and probably "date of next meeting".

It is the chairman's business to control the meeting and keep members to the business in hand, as tactfully as possible. If a discussion seems to be going on too long or members are digressing too far from the point he may decide to intervene and bring them back into line. At the end of a discussion he will probably sum up the conclusions arrived at, so that it is quite clear in everyone's mind what decision has been made. If a vote is necessary and there is an equal division the chairman sometimes has a second "casting" vote.

## Minutes

During the meeting, unless there is a special committee clerk, it is the secretary's business to take note of all that goes on and afterwards write up the minutes. He does not, of course, take down all that is said; only the essence of the discussion should be recorded, with the conclusions arrived at and any decisions made.

Specific recommendations must be set down in full, according to the wording agreed upon in committee. When a matter has previously been discussed it is wise to make some brief reference to what has gone before in order that the minute may be self-contained and intelligible without reference to other documents. Minutes are always written up in narrative form, in the past tense and in the third person. For example:

"Although it had been decided at the last meeting that the next production would be a Shakespearian one, the committee came to the conclusion that the membership of the Society was insufficient and the decision was rescinded".

## Proposals and Resolutions

When a member has a proposal to put before the committee he should give notice in writing to the secretary so that it may be included in the agenda. Then, when the item is reached, if he is present at the meeting he will probably be asked to "speak to" it. It is very important that the member should be quite clear in his own mind exactly what he wants and have with him at the meeting any relevant papers or documents, so that if there is a debate on the subject he will not find himself at a loss on any point.

When a resolution has been agreed, the procedure is for one of the members to say "I move that the resolution be adopted" and for another member to second the proposal. The secretary then records the adoption of the resolution for the minutes.

It may be that there are reports to be presented concerning work or activities over the past few months. It is helpful if they can be prepared beforehand and circulated with the agenda but, in any case, the officer or member chiefly concerned will present the report verbally to the meeting. Afterwards members may raise points for discussion, and finally someone must move the adoption of the report. Provided everyone approves, the adoption is recorded.

Under "any other business" members are entitled to bring up matters they may wish to raise which have not appeared on the agenda. Finally, the date and place of the next meeting are arranged; or, if this is not possible, it is left to the secretary to notify members when and where it will be.

## Have you renewed your subscription?

*Make sure of next month's special issue which will commemorate the official opening of the William Rathbone Staff College.*

## Queen's Institute of District Nursing

### REFRESHER COURSES 1961

Refresher courses for district nurses who are state registered nurses are being arranged as follows:

1. 1st to 7th January: Canterbury Hall, University of London, Cartwright Gardens, London, W.C.1.
2. 9th to 15th April: Chamberlain Hall, University of Southampton, Southampton.
3. 6th to 13th July: Aberdare Hall, University College of South Wales and Monmouthshire, Cathays Park, Cardiff.
4. 14th to 21st September: Dale Hall, University of Liverpool, Liverpool, 18.

Fees for attendance are:

For those from areas affiliated to, or in membership with, the Queen's Institute: £13 13s.

For those from non-member areas: £15 15s.

A booking fee of £2 2s. is payable when reserving a place on the course, and will be deducted from the total fee. It is not returnable in the event of cancellation.

When a booking is cancelled within 48 hours of the beginning of a course the full fee must be paid.

Applications for attendance at the above courses should be made to:

The Education Department,  
Queen's Institute of District Nursing,  
57, Lower Belgrave Street,  
London, S.W.1.

Details of other courses will be published as soon as they are available (see also page 164).

EARLY BOOKING IS ADVISABLE FOR ALL COURSES

## RESEARCH INTO THE TEACHING OF PARENTS

THE council of the Royal College of Midwives has set up an advisory committee to consider the need for research into (1) Such teaching as is available for parents during the antenatal and postnatal periods in preparation for parenthood and (2) whether the present teaching meets the needs of parents. This is the result of recommendations made at the conference on Human Relationships in the Care of Mother and Baby held at St. Anne's College, Oxford, in March 1960.

Those who have accepted the invitation to serve on this committee are: Miss Lois Beulah, S.R.N., S.C.M., M.T.D., principal, Midwife Teachers Training College; The Hon. Eve Chetwynd, S.R.N., S.C.M., M.T.D., district tutor, Watford Maternity Hospital; Dr. Harvey Flack, editor, *Family Doctor*; Dr. David Morris, M.R.C.P., D.C.H., consultant paediatrician, Woolwich and St. Clements groups of hospitals; Professor Norman Morris, Professor of Obstetrics and Gynaecology, Charing Cross Hospital Medical School; Miss D. V. Riddick, M.B.E., secretary, The National Birthday Trust; Miss K. M. Symonds, S.R.N., S.C.M., H.V., health visitor, London County Council; Miss Joan Williams, S.R.N., S.C.M., health editor, *Woman*.

# Care of the Dermatological Patient

by **DONALD I. McCALLUM**, M.D., M.R.C.P., D.P.H.,  
*Consultant Dermatologist, Nottingham General Hospital*

**I**T IS quite unnecessary to deal in detail with treatment of common skin conditions, as this has been done most adequately in several textbooks for the use of the nursing profession, but I would like to take this opportunity of repeating some general considerations that are of great importance in a sound appraisal of the subject of dermatology.

In the first place, the skin is still too often regarded as a convenient covering for more important underlying structures. This is not so. It is a most important organ in its own right and one of the largest in the body. In health it reflects the well-being of the individual, whilst in disease its prime functions of protection, heat regulation and touch and temperature perception may be interfered with in varying degree, occasionally so severely as to endanger life. A careful study of the anatomy and physiology of the skin and of its appendages is helpful in realising how complex an organ it really is, and how cleverly adapted to its functions.

When a skin eruption becomes extensive, no matter what the aetiology, its psychological effect on the patient can be devastating, and this must be kept in mind by the practitioner and nurse in charge of the case. In past generations there was an unfortunate tendency for patients suffering from skin ailments to be regarded as "unclean" and this led to antipathy in dealing with them. I think this outlook is not now common, but it dies hard in certain quarters. Suffice it to say on this score that relatively few of the commoner dermatoses are contagious. Impetigo contagiosa and scabies are not frequently seen nowadays and are easily cured when they do occur. Ring-worm infections and warts are the two groups of conditions that are likely to give rise to trouble, and they seldom require nursing care. Secondary specific eruptions are, happily, very uncommon indeed nowadays.

## Few Contagious Cases

Those cases that do require nursing care, whether at home or in hospital, with the possible exception of herpes zoster, are not contagious, and much can be done to restore the patient's morale by impressing the point, and by following this up with treatment so applied that the patient's reassurance is maintained.

Much can be gained by reassurance, and conversely a patient who is treated along conventional lines by a nurse who appears to be apprehensive about the approach to the condition, often fails to respond to the ministrations, and the condition gradually develops into a chronic phase with marked psychological overlay. In

these cases the ultimate prognosis regarding cure is poor.

It may well be that this sequence of events has given rise to the erroneous impression that skin diseases never clear up. There are, of course, many skin conditions often with a systemic background, for which there is, as yet, no known cure, but the results of treatment in dermatology bear comparison with those in other specialties, provided diagnosis and treatment are accurately applied. In a proportion of cases there is specific therapy, as in sycosis barbae, impetigo and tuberculosis cutis; in others control can be effected for a prolonged period as in systemic lupus erythematosus and pemphigus by means of steroids; but in the large eczema-dermatitis group a realisation of what has caused the trouble and elimination of this (as in housewife's dermatitis where alkalies, detergents and eventually even water itself may be responsible) will lead to satisfactory results. Half-hearted measures lead to chronicity and disappointment.

## Danger of Antiseptics

Skin which has been inflamed, and in particular where the stratum corneum has been shed, should not be cleaned with soap and water; careful cleansing with liquid paraffin and cotton wool, or with a bland emollient cream such as ung. emulsificans aquosum is indicated in such cases. And in this context I would like to make the point that there is, in my view, no place for the use of antiseptics, or so-called antiseptic soaps, in the treatment of skin disease. In fact, as possible sensitisers they are potentially dangerous in such conditions as eczema, impetigo and leg ulcers.

It is probably true that there is a skin somewhere that will react to any medicament in the pharmacopoeia. There are, however, some topical applications in which the sensitisation rate is so high that they are best avoided altogether, and such applications include penicillin cream, antihistamine creams, local anaesthetic creams, and streptomycin in any topical form.

The treatment of leg ulcers remains a difficult problem in many instances, in spite of the usefulness of such bandages as ichthopaste and viscopaste, but too many hospital beds are still blocked for weeks on end, and too much invalidism at home results from these lesions. We are dealing here basically with a vascular and not a dermatological condition in the great majority of cases. The rational approach to the problem is prevention, or failing that, adequate treatment of thrombophlebitis whether superficial or deep.



SCOTNEY CASTLE,  
Lamberhurst, Kent

## A PALETTE OF COLOUR

*This old moated castle may be seen against a  
background of shrubs and trees*

*in their autumn colouring, when the gardens  
of Scotney Castle are open under*

*The National Gardens Scheme on Saturdays  
and Sundays 15th and 16th,*

*22nd and 23rd, 29th and 30th October. The  
gardens will be open from*

*11 a.m. on Saturdays, from 2 p.m. on Sundays,  
and will close at 7 p.m. each day.*



*continued from previous page*

When infantile eczema is extensive and severe, much can be done to protect the child from undue suffering by the application of suitable splints to arms and forearms. Parents tend to be reluctant to do this and even when they make the attempt, they find the process so time-consuming, and the end result so unsatisfactory, that they soon give it up. It is, however, possible to make splints out of firm tubular cardboard, so fashioned that they extend to the upper part of the outer aspect of the arm to the wrists, and are cut away medially so that they cannot exert pressure on the axillary vessels and nerves. The splints can be joined by elastic stretching across the back, and this prevents them slipping off while the child is at play. Such splints can be removed and replaced by the parents or nurse in a matter of a few seconds.

### **A Double Strain**

It is true that treatment of an organ that is visible to the patient, as to the nurse, imposes a strain on both, but in few specialties can there be so much satisfaction as in dermatology for the nurse who understands the problem with which she is confronted, and deals with it competently, conscientiously and sympathetically.

### **New Role for Actor**

**J**ACK WARNER will be featured in a new photographic picture set the Ministry of Health is producing of "People You Know" who support the new campaign for blood donors. "Professor" Jimmy Edwards, Ian Black and Miss Pat Smythe have already become donors.

Mr. Warner, who is best known for his television appearances as P.C. George Dixon of Dock Green, made his first appearance as a blood donor to the National Blood Transfusion Service at a special session at the Ministry of Health. He was given haemoglobin fitness and blood group determination tests by Dr. Gertrude Plaut and a nurse from the North London Blood Transfusion Centre before giving his blood.

The demand for such donations continues to rise as new ways are found to save lives by transfusion. Nearly 900,000 bottles of blood and plasma were used by hospitals in England and Wales last year. Already 800,000 volunteers are enrolled in the National Blood Transfusion Service but it is hoped that many more will now come forward. Anyone between 18 and 65 and in good health is eligible for this very worthwhile service.

# The Objectives and Priorities of Health Visiting as a Service to the Community

by **DOREEN S. COLLINS**, S.R.N., H.V.cert., M.R.S.H., *Health Visitor/School Nurse, Staffordshire County Council*

**T**O BE of service to the community, health visitors must be forever looking forward into the future to see what health problems lie ahead, to anticipate the needs of the community and so be prepared to meet them, or if possible to prevent them arising. Gone are the days when it was her duty to carry around carbolic powder and explain its uses. Her field is now much wider, and she must be constantly reading to keep up to date with the changing health pattern, not only in her own country but of the whole world; an outbreak of influenza on the other side of the world has been known finally to arrive at these shores on more than one occasion; and in these days of rapid travel and considerable immigration into this country, knowledge of a serious disease in one part of the world may make her more observant of any people newly arrived in her district from that country. Her reading must also cover recent medical and social research, and the trends of public opinion; and of course any parliamentary affairs related in any way at all to the health and welfare of the community.

The objectives of health visiting today must surely be what they have always been to a greater or lesser degree; that is, to reduce all disease to a minimum; to assist all members of the community to be healthy in mind and body; to educate them to lead full, satisfying and happy lives; and to give them the knowledge to enable them to guide and help all those in their care, or for whom they are responsible to do likewise. To give advice, and where necessary practical help on health and welfare matters; whether it be showing a new mother how to feed her baby, or writing a letter to the National Assistance Board on behalf of an elderly person who is too short-sighted, or too proud to do so for himself.

Thus we see that health visiting has become a service to be rendered to the entire community, regardless of age, race or social position; whenever and wherever the need for medico-social work is indicated, to educate and assist. Perhaps the priorities of health visiting will always be the very young, the very old, and the expectant mother, as these are the people for whom the need of the service is most likely to be greatest. Service given to the expectant mother and newborn child may have a lifelong effect upon that individual, so perhaps most can be achieved in this field, although such achievement is rarely noticed and very difficult to measure.

In days gone by health visiting has had to combat various diseases, unhygienic living habits and conditions. These are now rapidly diminishing due to the great work done in the past. It is true to say that in this country at

any rate, the most serious health problem today is that of mental illness. It is startling to think that 40 per cent of the country's hospital beds are occupied by the mentally ill; that staffing is so inadequate that many doctors in mental hospitals are responsible for as many as two hundred patients.

Considering the amount of time it is necessary to spend with each of these patients to gain his confidence, and to achieve any degree of success, this is a horrifying thought. Thus we have a picture we have seen before; too many people suffering from a given disease or type of disease, over-crowded hospitals, inadequate staff, both nursing and medical, all combining to create a formidable amount of distress. The solution to this problem in physical diseases has always lain in prevention. Mental disease is no exception to this rule.

## Slow Onset

As more research has been carried out in the field of mental illness, we have discovered that the causative organism, if one may call it that, may be acquired many years before the onset of clinical disease. It has also been observed that one dose of the causative organism often renders the person more susceptible to further doses—thus working in the opposite manner to physical disease. By causative organism in relation to mental illness I mean, of course, anything which may cause mental stress; not those pathological diseases which may cause brain damage, such as meningitis.

Research into the parent-child relationship (particularly mother-child relationship) has shown that this can have a lasting effect, for better or for worse, in the individual; that the constant love of one's parents through the early years of childhood is vitally important; that the seed of emotional security or insecurity is sown in these early years.

In this field surely, health visiting can indeed render a great service. For the health visitor is in an ideal position to guide and educate the mother in the needs of her child, particularly during these early years; and the best time to start giving this guidance to the mother is in the ante-natal period. In the case of a first pregnancy perhaps the most effective way of educating the mother-to-be is to give her confidence in her own ability to be a good mother; to respect her as such. She will in turn come to respect the health visitor, and having gained her initial confidence with the guidance of the health visitor, will automatically consult her in matters relating to the health and upbringing of her child.

The health visitor with her knowledge of child

psychology, can guide the mother more by discussion than by dictation, and so lead her to draw her own conclusions and help her to understand the problem, rather than laying down a list of do's and don'ts to be blindly followed. The mother should always understand the reason why one thing or one method is better than another. There is no other trained person who is regularly in contact with a mother and her child during the first five years of life. Although the general practitioner may know the child throughout these years, he will in all probability only see the child in times of illness, or possibly to administer various forms of prophylaxis; but the health visitor is there constantly, so is often in a position to foresee possible trouble and advise the mother how to guard against it.

A general practitioner may be called in to treat a child who has been badly scalded in the kitchen, but the health visitor in mothercraft classes, or practical demonstration in the home, may well prevent the tragedy occurring at all. She is in a similar position regarding mental health, where she is able to give practical advice on child psychology to suit the particular needs and abilities of an individual family, and so prevent minor disturbances increasing and leading to mental distress with the possibility of mental illness in the future; also advising an expectant mother how to cope with her own anxieties before and after child birth, discussing (particularly with a primipara) the effects that the new arrival is likely to have on the household; and in the case of multipara the effects on the older child or children.

These are circumstances in which being forewarned is indeed a case of being forearmed, and a great deal of trouble and unhappiness can thus be prevented. The advice given regarding the everyday upbringing of children, such routine things as meals, potting, weaning and teething, give the mother confidence and a firm base on which to stand, with the knowledge that there is further help available should she require it in the form of her health visitor. The results of good work done in these circumstances will of course not be visible for a long time, possibly generations; it is very much a long term policy. A policy of education in the understanding of human frailties, and the effects of human relationships one upon the other.

### Special Help for the Aged

With the improved health and living conditions of this century, the care of the aged is becoming an increasing problem. Many who need not do so, unfortunately find their way into mental hospitals. Here also health visiting can give service by marshalling any welfare services needed to keep the elderly active and in their own homes for as long as possible. Visiting them, and advice to their younger relatives on the needs of the elderly, can be of great value. Helping the aged is perhaps a more difficult and intangible problem than helping the very young; but it is still vitally necessary to do all in our power to maintain their physical and mental well being; on humane as well as social and economic grounds.

The increasing public interest in mental health led to the setting up of a Royal Commission to study this problem, whose recommendations have been adopted in the 1959 Mental Health Act. As the instructions and suggestions contained in this act are gradually implemented, the health visiting service will have to expand and educate itself to fulfil its new task, if it is to be efficient.

But health visiting must not only be attending to topical and future problems; a controlling eye must be kept on old problems to ensure that they do not seize the opportunity to rise again, whilst attention is directed elsewhere.

### Continuity Essential

Routine visiting and advising on infant care, and prophylaxis; routine school inspections (a great opportunity for health education); routine tuberculosis visiting, and where necessary V.D. supervision and visiting; the follow-up of patients and contacts in both these diseases; all must be continued if the good work done in the past is not to be wasted.

The general public are becoming much more aware of health problems these days, and are more interested in hygienic living and good health than ever before. This is largely due to better education, thus enabling all to have the opportunity to read, and also the advent of radio and television, both of which disseminate news and knowledge over a vast area and to vast numbers of people. The daily press and periodicals also spread knowledge. People are much more eager to learn about disease and its control, and on the whole their co-operation in this respect is better than it has been before.

Health visiting must also include health education. This can be started in the schools, both by example and by brief chats to the children or even a series of classes. Discussion on the latest health news or hospital serial, such as *Emergency Ward 10*, can offer wide scope for spreading knowledge. Even discussion about favourite film stars, with winning smiles and gorgeous figures, can afford opportunity for education on dental care and sensible diet, and exercise and sleep.

Ante-natal and infant welfare clinics offer their own opportunities for education, by discussion among the mothers themselves; even just listening can help solve a problem. Home visits of course offer scope for individual teaching to match the needs of the particular family.

There is a lot written and said these days about adolescents and the increasing problem of juvenile delinquency. Here health visiting gives service in the form of the school nurse who comes into contact with some of these young people in the higher forms, and in the form of home visits and advice to worried mothers; and explanation of the needs and anxieties of the young person. Sometimes service can be given in the form of visits to youth organizations, but unfortunately those most in need of help and guidance and most likely to resort to delinquency, are not often to be found in clubs.

In fact the best service health visiting can give here, is

*continued on page 156*





Photograph by courtesy of Medical Officer of Health, City of Edinburgh

All in the Day's Work

No. 14 A District Nurse at a Health Centre

## On The Internal Phone

by DOROTHEA A. BEATTY, R.S.N., S.C.M., Q.N. cert.

SEVEN years ago I was initiated into the new health centre which was in course of construction at Sighthill, Edinburgh.

At that time I was not at all clear what my new role was to be. I had a vague picture in my mind of dull waiting rooms, examination couches and rows of patients waiting to consult their family doctor, and wondered where I came into it all.

One spring day I was given my first introduction to this wonderful new building and then I discovered just how wrong I was. I saw the new Sighthill Health Centre in this high western suburb of Edinburgh, with its glorious view of the surrounding countryside from the large windows.

There was a long corridor with six consulting suites for general practitioners well equipped and with gay contemporary furnishings, private examination rooms and inviting waiting rooms.

I discovered in the adjacent corridor two light modern treatment rooms complete with autoclave and large sterilisers. I learned that this was to be my headquarters. I thought what a pleasant place it would be to work in, in striking contrast to the conditions I had become accustomed to on the district.

There was a physiotherapy department and common waiting room which patients from both departments were to share. Also round the corner were rooms to be used by the child welfare and school health services, all with their own delightful colour schemes, a playroom for toddlers and demonstration kitchen and lecture theatre. The centre contained

a pharmacy and laboratory and four fully equipped dental surgeries also.

When I had completed my tour I thought of all the interesting people I would meet from time to time and what a contribution we would all be playing in the family health service. I felt honoured that I had been chosen to work in the first health centre to be built in Scotland by the Department of Health in consultation with the Corporation of Edinburgh and others.

It was a pleasant task unpacking new equipment and exploring the well planned cupboards and I was anxious for the day to come when I would start my great adventure. I realised as I went about this work that this building in which I was to spend quite a large proportion of my working hours was much more than a modern pleasant building where a number of separate services were to function independently. The aim of the health centre was to draw the various health services closer together and enable them to co-operate for the benefit of the patient in the prevention and treatment of ill health, both mental and physical.

The keynote of my work then must surely be co-operation day by day with the large team of workers who were hoping to provide improved family health services.

I often thought that should I ever be asked to tell the story of my day's work how varied it would be.

"Good afternoon" my colleague says as she goes off duty. "There is Tommy in the waiting room, I have asked Dr. M. to see him, he has cut

his leg climbing a fence". Tommy is rather a tearful boy, dirty after playing in the fields and Mother who is with him, says, "I'm sorry to trouble you, Sister, the children are always getting into trouble in the school holidays. I know you are always busy". "Never mind," I say to Tommy, "your leg will soon be better."

Presently Dr. M. arrives and puts some stitches into his leg, the dressing is applied and an injection of anti-tetanus serum is given and Tommy goes away with his mother quite happy again. I say to the mother in the passing, "all this is no trouble, that is what I am here to do".

As the instruments boil in the steriliser I sit down at the desk and go over my report book and quickly total up the figures from yesterday, thinking—tomorrow will be the last day of the month and the report must be sent to the Superintendent. I am interrupted by the telephone ringing with a request from the psychiatrists' clinic for assistance with a patient who is unable to undress herself. I gladly go along and give what help I can.

On my return I notice quite a number of patients in the waiting room, and I think it is going to be very busy today. First, I must stop for a moment or two and meet a small friend of mine, Mary, a spastic child who comes for the 2 p.m. session with Miss W., the occupational therapist attached to the cerebral palsy unit next door to me. I always find time for a few words with her as she has lost the shyness she once had and I understand her speech better; it has



shown a marked improvement recently.

I get down to work in earnest now, a few patients who are my friends now too, as they attend quite regularly: Mrs. P. who has attended faithfully for six years for her regular injections of cytamen and is very fit and cheery; Mr. H. who requires a daily dressing to an ulcer on his leg; and Mrs. M. I am particularly sorry for, she has carcinoma of breast which requires dressing. I remember that her doctor wishes to see her today so I lift the telephone and ask to speak to him. He says he is rather busy but will see her in a little while and that he has a patient with a septic finger that he wishes me to see at the same time.

I notice another young patient with his mother in the waiting room with a letter from the dentist upstairs and I ask them to come in. He requires an injection of penicillin prior to a dental extraction in a few days time; this I can give him while I am waiting for the doctor to see Mrs. M. My small patient John doesn't like injections very much but after a little reassurance we soon get it over and part good friends. Doctor then sees Mrs. M. and her dressing is completed. In comes Mrs. B. with a septic finger; she is very nervous. Doctor reassures her that he thinks her troubles are nearly over.

As I am washing the instruments the telephone rings again and I think oh dear! what now! However it is only Dr. D. who says he would like me to make a note to prepare a trolley on Saturday for him to excise a cyst from a patient's scalp. I thank him for notifying me as I make a note of this, as it will assist me to plan my day's work.

I look at the time—why it is four o'clock and time for a cup of tea, how quickly the time passes! I must inspect the Doctor's suites quickly. I fold a blanket here and a towel there and think how untidy Dr. L. is! Why does he throw old envelopes on to the floor and never use the waste paper basket. Dr. S. has gone away and forgotten to turn off her steriliser—how careless. I turn it off and take out a tongue depressor and a pair of scissors.

Along the corridor I meet an old man who asks me the way to the chiropodist.

At tea in the pleasant staff room I meet several of my colleagues, the physiotherapist, the receptionist, the

pharmacist and a minister who has called in passing. After a pleasant chat over a cup of tea, I feel I should be about my business again.

On returning, I find quite a number of patients: Caroline, Brian, Peter and Jane all with minor cuts and abrasions and Mr. M. from a nearby factory with a large machine needle through his finger. His home is at the other end of the town so after a dressing is applied, I give him a letter and advise him to report to the hospital on the way home. His shop steward is with him and arranges transport for this.

That is all for the moment, I think. I quickly glance round the cupboards and make out tomorrow's pharmacy order and wonder if the evening will be busy, remembering that I have some late district visits to do for one of my colleagues on her day off, I hope to get away punctually and not keep my patients waiting for their evening treatments. I am not left alone long. There is a knock at the door and I hear a child crying. A mother enters with a toddler wrapped in a blanket and is hardly able to tell me what is wrong, so great is her agitation.

I eventually learn that Susan, aged two, has scalded her arm and chest with tea. I endeavour to comfort both mother and child and quickly apply a temporary dressing. Her doctor, she tells me, consults outside the health centre, so I contact him by telephone and after advising the treatment to be

given he says he will visit the child at home. I take this opportunity of teaching the mother a little regarding the prevention of home accidents, of which I see an ever increasing number.

Mr. W. comes in next with a note from my colleague on the district saying that he requires an injection of streptomycin three times weekly. He tells me he is working again now, and that he can attend in the evening on his way home for treatment. Mr. W. is very happy to be working again and I try to encourage him to attend for treatment regularly and admire him for his courage over a long period of illness.

My friend, Mrs. C. is there waiting now; she is often here for one reason or another. I wonder what can be wrong now. She has a cut on her face this time and is rather unwilling at first to tell me about it. After a minute she confesses that her husband was drunk and struck her and that she is really in great trouble. After a word with her doctor we agree to make an appointment with a marriage guidance councillor, who we hope will be able to help her. She is glad of this opportunity as she wants to make a go of things.

There is another busy spell with more patients for dressings and injections, and now it is eight o'clock. Oh what a day. I hope that I have co-operated to the full with all these people. I must now prepare the autoclave for sterilising in the morning. I must collect my bag and bicycle and be off!



*Mrs Beatty dressing an arm in her up-to-date surgery*

*Photograph by courtesy of Photo Illustrations (Scotland)*

## Health Visiting

continued from page 153

to observe and recognise any early symptoms in childhood, and try to deal with them at this stage, and to prevent the problem arising. This is very difficult, and surely the best prevention lies in the work put in during the first few years of life; in fact, we are back again to the case of the infant and young child as a prophylactic measure.

Today we live in a rapidly changing world. A world of potential space travel, of atomic power, of radiation hazards, and explosive politicians and political situations. These certainly increase the stresses and strains under which we live, and must therefore accept the blame for its share of the increase in mental disease.

Health visitors must learn as much as they can about these things; they should study the possibilities and effects of radiation, and the benefits of the peaceful use of atomic power. One cannot adopt an ostrich-like attitude to such things. There is much written about the effects of radiation on the human embryo, and some very alarming articles appear in the popular press from time to time. The health visiting service must be prepared to meet the demands made upon it in these spheres, and to cope with the

numerous questions which will arise concerning them.

Thus we see that the objectives and priorities of health visiting must serve the community by meeting its changing needs, although a large percentage of the old needs still require considerable attention. It is still a question of maintaining health and preventing disease, but as our views have broadened, health now means mental fitness as well as physical fitness; and mental illness has at last been brought into its proper perspective by the new Mental Health Act; and it is now up to all of us to educate all people to accept it, and sympathise with it, in the same manner as they accept physical disease.

Health visiting has to meet the demands of new diseases and epidemics as they arise, and stress the benefits of the newest forms of prophylaxis; to serve the community by reducing to a minimum all diseases and social distress, by anticipating the future needs, and being prepared to meet them; to have a wide knowledge of the health of the country and of the world, and to spread knowledge pertaining to health and welfare wherever that knowledge may be required and may do good. So that ultimately health visiting becomes a service to the community of not just an area, or a country, but to the peoples of the whole world.

## MELBOURNE 1960

MISS JOAN GRAY, general superintendent, will represent the Queen's Institute at the twelfth quadrennial congress of the International Council of Nurses to be held in Melbourne next April. Miss Gray plans to visit district nursing associations while she is in Australia.

On the way out she will call on the public health nurses' course at Singapore. Travelling home via the Pacific and America, Miss Gray hopes to see something of the work of the Victorian Order of Nurses and to pay a flying visit to Labrador.

The Association of District Nurses is to be represented at the congress by Miss Lucy Jones, superintendent of district nurses, Lancashire County Council.

Dr. Marie Jahoda, Ph.D., will present the congress theme, *Wisdom and Guidance through Professional Organisation*, at the plenary session on Thursday 20th April.

Dr. Jahoda, who is well known in Great Britain and the U.S.A. as a distinguished author and lecturer, was at one time Professor of Psychology, and Director of the Research Centre for Human Relations at New York University. At the present time she is undertaking a special piece of research at the Brunel College of Technology, Acton, London. Her latest book, *Race Relations and Mental Health* has been published by UNESCO in 1960.

On Friday, 21st April, four sections will be arranged on *Nursing Education*, *Nursing Service*, *Economic Welfare* and *Public Relations* respectively; and congress members will be able to select the section which they wish to attend.

Subjects to be presented at these Sections include:

### Nursing Education

1. The responsibility of a professional nurses' association for the improvement of nursing education.
2. In view of changing trends in medicine and public health, how can nursing education best be organised in order to meet the needs of the community.
3. Planning for the future: the need for research.

### Nursing Service

1. Administration for nursing service.
2. Meeting the changing needs of the community for nursing care.
3. The responsibility of a professional nurses' association for the improvement of nursing service.

### Public Relations

1. Interpreting nursing to the community.
2. Establishing good relations with the press and other media and with the public through such media; and maintaining information channels whilst guarding matters of professional confidence.
3. Means of communication within the profession, between nursing and other professions, and between nursing and other occupational groups.
4. The responsibility of a professional nurses' association for good public relations.

A report from each section will be presented at a plenary session of the congress on the morning of Saturday, 22nd April and it is hoped that the same afternoon a final summing-up will be given at the closing plenary session, by Dr. Marie Jahoda.

## CENTENARY APPEAL

THE flag day held on 19th July in London brought in a nett total of £3033. 12. 10. The Queen's Institute is grateful to all those who made this encouraging result possible.

H.R.H. The Duchess of Gloucester has graciously consented to attend a further event in aid of the appeal: a lecture by Sir Vivian Fuchs on the Trans-Antarctic Expedition. This will take place on Wednesday, 7th December at 6 p.m. at the Guildhall, London E.C.2. The B.P. film *Foothold on Antarctica* will be shown.

Tickets, price two guineas each, may be obtained from the Centenary Appeal Organiser, 57 Lower Belgrave Street, London, S.W.1.

## CAREERS IN LOCAL HEALTH SERVICES

CAREERS in district nursing, midwifery, health visiting and school nursing are featured in a leaflet recently produced by the Ministry of Health. As well as being supplied to local authorities this leaflet, entitled *Local Authority Nursing Services*, is being distributed to schools through youth employment officers, to the Ministry of Labour's local offices and nursing appointments offices, and to hospital boards and matrons.

The rôle of each member of the local authority nursing team is described on the leaflet. There is also information about training, holidays, prospects and salaries.

The National Society of Children's Nurseries is arranging a one day conference on

## Working Wives—What of the Children?

at County Hall, London S.E.1. (by kind permission of the London County Council) on Thursday 10th November.

The conference fee is 10s 6d and admission is by ticket, obtainable from the General Secretary, National Society of Children's Nurseries, 45 Russell Square, W.C.1.

### MORNING SESSION

## MOTHERS AND CHILDREN IN A MODERN SOCIETY

*Speaker:* Doctor W. Lumsden Walker, M.B., Ch.B., D.P.H., D.P.M. *Consultant Psychiatrist, Hortham-Brentry Hospital Group, and Consultant Psychiatrist Bristol Child and Family Guidance Service.*

*Discussion Opener:* Doctor B. Reffold, M.B., B.S., D.P.H., *Medical Officer for Maternal and Child Care, Hull.*

### AFTERNOON SESSION

## WORKING WIVES

*Speaker:* Doctor Viola Klein, Ph.D. *Dr. Klein will speak on her recent Survey on Working Wives*

*Discussion Opener:* Doctor David Morris, M.R.C.P., L.R.C.P., M.R.C.S., D.P.H., *Consultant Paediatrician.* Each session will be followed by general discussion.



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# The Badger

Diary of a District Nurse—No. 3

"ARE you comfortable, Anthea?"  
"Yes, thank you, Nurse Grey."  
Anthea settled herself comfortably in a corner of the settee. "You promised to tell me an amusing story this time."

"Yes, but you haven't told me how you like night duty?"

"It's weird and wonderful—but I like it. It's a strange and unreal existence, takes some getting used to."

"Oh, you'll get used to it in time."

"Well, this story is about one night I spent looking for a farmhouse. I hadn't been in the district very long and had only visited this patient once before—in broad daylight! Mrs. Jones was expecting her fifth baby and was going to the local hospital for her confinement. The hospital was ten miles from their farm. The night the 'phone rang a small gale was blowing. It had been a wet day and blustery with gusts of wind. It was all I could do to fasten back the garage doors as the wind kept pulling them from me. Even the car seemed unwilling to start and I shivered as I saw it was just past midnight. With normal luck I should be back in bed by two o'clock."

"I followed a long winding lane which I knew would take me to the farm; there was a turning between two gateposts which led to the house across the fields. The wind was vicious and twigs kept falling across the windscreen and heavy clouds scudded across the moon, obscuring my vision. It seemed very desolate and lonely and I felt very much on my own. The lane wound about in several bends as they all do in Devon, with high hedges on either side. Suddenly I nearly jumped out of my seat and the car swerved to the wrong side of the road as a heavy branch fell on to the bonnet. I can tell you I was scared, Anthea."

"I should have been petrified," she agreed.

"The branch fell off and I continued gently on my way. The moon shone fitfully and as I turned the next corner I saw a large animal ambling across the road quite unperturbed at the approaching car. I was so astonished that I stopped to watch. He was sniffing along the road and in the moonlight I saw the heavy white markings of the old badger along his back. He trotted off and was soon hidden in the undergrowth of the hedges. I was thrilled, as this was the

first badger I had ever seen and although he had frightened me I soon forgot my fear. I thought it was high time that I sped on my way to the waiting patient."

"In my excitement I thought the next turning was the one to the farm and swung the car to the left, only to find that I had entered a field where the mud was surrounding me. Gently the car settled down in the mud and nothing I could do would move her. I opened the door and sank into the mud, nearly losing my shoe in the process. Hastily I stood on the running board and rescued my foot, encased in mud, and grabbed my shoe which was fast disappearing in the bog. I was only thankful that no one could see me in such a sorry state. I looked round to try to see where I was. In the distance I could see a light twinkling at me from two or three fields away; it was the light of the farmhouse. I dare not try to cross the fields as they were all fields of mud and I would not have got very far. The only thing to do was to try and get to the road again and walk there."

"Did you get there?" Anthea asked.

"Yes, eventually. I pulled my midwifery bag out of the car and grabbed my torch with the other hand. I managed to stumble through the clods of earth and mud back to the lane. I wondered how Mrs. Jones was getting on, and was very much afraid that she might have had the baby by this time. I walked as fast as I could with my feet wet and muddy; the bag got heavier and heavier; and the wind howled over the tree tops; and I was horribly frightened. If I hadn't been so excited about seeing the old badger I wouldn't have taken the wrong turning and landed myself in this state. At long last I found the real turning to the farm and wearily hurried along it to the light in the distance."

"I was just beginning to wonder where you had got to, Nurse," Mr. Jones greeted me as he stood in the entrance.

"What about the baby?" I asked anxiously.

"Oh, I think it's a false alarm, we were wondering whether we should have sent for you at all!"

"I sat down on the stairs and laughed weakly as I thought of all the mess and trouble I had had for nothing, then I

decided it was not going to be for nothing. Mrs. Jones was going into hospital—getting me out on a wild badger chase indeed!"

"Mr. Jones, will you make me a strong cup of tea while I go and see your wife, and then you can get your big car ready and take us to the hospital."

"Just as you say, Nurse."

"Mrs. Jones smiled as I told her the story of my adventures."

"I am sorry to have got you out on such a night, but I had the last two children so quickly that I thought it best to send for you as soon as I started."

"Yes, you were quite right, and all things considered I think we will get you into hospital as soon as your husband has the car ready. I don't take any risks with fifth babies."

"Mr. Jones was very good and woke up one of his men to go down to rescue my car with a tractor, while he took his wife and me the ten miles into town. It was a joy to sit back and let someone else drive along the moonlit road. We safely deposited Mrs. Jones with the night sister and returned to find my car waiting for me at the farmhouse. I drove along gently as the daylight seeped through the hedges and showed me the road where I had turned into the field. Of course I had mistaken the turning, there was no gate on the field! I chuckled when I rounded a bend hoping I would see Brer Badger again—the cause of all my mishaps, but he was nowhere to be seen. The birds began singing their morning chorus as I climbed into bed again."

"How dreadful for you, Nurse Grey, I should have been terrified in the middle of the night."

"It is a bit alarming in the dark but in the morning one can laugh about it. I wouldn't have missed seeing that old badger for anything."

"Did Mrs. Jones have to wait long before her baby arrived?" Anthea asked.

"No, it was just as well we didn't waste time after all. She had it an hour after we had left her in hospital."

"I must say district nursing has its adventures!"

"It certainly is never a dull life."

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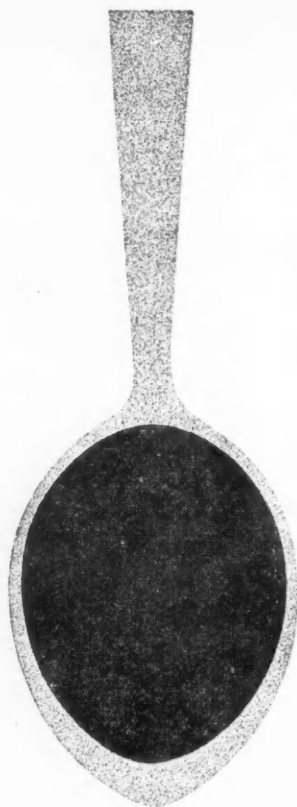
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Villescon is now available as a liquid—the dosage form a recent survey<sup>†</sup> shows to be most acceptable to doctors and their patients. Sixty per cent of tonic prescribers in the survey stated that they would prefer Villescon were it in liquid form. Villescon Liquid is effective medicine for every run-down condition.

<sup>†</sup> A survey of 600 general practitioners carried out by the Boehringer Products Division of Pfizer Ltd.

### DOSAGE

**Adults**—2-3 teaspoonfuls two or three times daily before meals.

**Children**— $\frac{1}{2}$ -1 teaspoonful according to age.

Be sure to visit the C. H. Boehringer Sohn, stand at the 45th Annual London Nursing Exhibition, October 10th-14th to be held at the Seymour Hall.

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1-phenyl-2-pyrrolidino-pentane hydrochloride, with vitamins



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## Obituary

### MISS I. C. DEWAR

IT is with regret that we report the death on 3rd September, 1960, of Miss Isabella Cromarty Dewar, who was superintendent of the Scottish Branch from February 1931 until July 1945, when she retired. Miss Dewar was eighty-one.

During her long term of office as superintendent, Miss Dewar became very well known to Queen's nursing sisters in Scotland. She carried the burden of running the service during the second world war when the shortage of nurses was acute, and although the physical and mental strain must have been great, Miss Dewar carried out her work efficiently and quietly, without fuss or complaint.

Miss Dewar was appointed to the Queen's Roll in October, 1906. She was Queen's nurse at Elgin until August, 1916 when she resigned for active service. On her return to the Institute in April 1920, she was appointed first assistant superintendent at the Glasgow training home and transferred to England in October of that year for further administrative experience.

Miss Dewar returned to Scotland in April 1921, when she was appointed county superintendent of Moray and Nairn. She held this post for three years and a similar post in Ayrshire for seven years before taking up her appointment as Superintendent of the Scottish Branch.

### MISS ISABELLA WILLIAMSON

IT is with regret that we report the sudden death on 24th August, 1960 of Miss Isabella Williamson, Queen's nursing sister, of South Queensferry, West Lothian. Miss Williamson, who was 48 years of age, was on holiday at the time.

Miss Williamson was appointed to the Queen's Roll in October, 1949, and had worked as Queen's nursing sister in the South Queensferry area for almost seven years. She was held in high esteem both by her patients and her colleagues, and as well as running a busy district, she also took an active interest in the Girl Guide movement.

Prior to taking up her appointment in South Queensferry, Miss Williamson had held similar appointments in the Armadale area and in West Lothian.

## Queen's Nurses Personnel Changes

### APPOINTMENTS

#### Superintendents, etc.

Day, B. C. (rejoiner), 3rd asst. supt., Gloucester—Tonge, F. M., D.N. tutor, Liverpool—Wood, M. P., Asst. Supt., Dorset.

#### Nurses

Barker, C. J., Yorks., W.R.—Cole, P. M., Jamaica—Egan, B. E., Manchester—Flaherty, R. M., Salop—Foster, E., Cheshire—Geary, D. A., Antrim—Gibbs, M. A., Essex—Gisby, Mr. G., W. Sussex—Glossop, M., Warcs.—Hermitage, V. I., Hackney—Hoyle, S., Yorks N.R.—Lewis, J. R., Beds.—McElhill, M. P., Sheffield—Meyer, I. V., Brighton—Musselwhite, Mrs. B. N., Som.—Page, T. Y., Jamaica—Reeson, G. M., Leeds—Thompson, Mrs. M., Herts.—Williams, Mrs. A. E. J., Essex.

### LEAVE OF ABSENCE

Bath, P. L., H.V.trg.—Brighton, J. A., community health admin. course, William Rathbone Staff College—Buxton, P. S., H.V.trg.—Colton, B. J., H.V.trg.—Martin, A., H.V. trg.—Parnell, J. W., community health admin. course, William Rathbone Staff College—Roberts, Mrs. F. M., H.V. trg.—Wisdom, M. A., H.V. trg.

### REJOINERS

Barrowclough, Mr. F., Birmingham—Hatfield, E., Isle of Ely—Kirsten, J. K., E. London—Martin, M. N., Lancs.—Mordue, P. E. D., Surrey—Puddiford, W., Essex—Wooten, Mrs. H. J., Plymouth.

### RESIGNATIONS

Adhya, Mrs. J., Blackburn, personal—Armstrong, T., Blackburn, personal—Barton, Mrs. N., Lancs., personal—Bedford, S., Yorks. W.R., personal—Bewsher, M., Yorks. W.R., personal—Boswell, I., Blackburn, new post—Carter, D., Cumberland, H.V. trg.—Clough, Mr. L., Lancs., other work—Collis, Mrs. S. J., Worcs., personal—Cooper, G. M., Hants., retirement—Davis, Mrs. M. J. C., Essex, personal—Eachus, Mrs. D. M., Lancs., other work—Edkins, Mrs. D., Denbighs., retirement—Edwards, Mrs. R. I. H., Glos., personal—Fletcher, B. H., Cornwall, new post—Gardiner, M., N. London, personal—Godlington, Mrs. A., Rotherham, personal—Harding, Mrs. A., Herts. personal—Hindle, Mrs. M., Blackburn, personal—Hoad, Mr. A. H., Brighton, other work—Holloway, F. D., Devon, new post—Johnston, Mrs. F. S., Southampton, personal—Lazaro, C. I. A. R., Kensington, work abroad—Lee, Mrs. M., Halifax, personal—Leedham, E. J. D., Som., new post—Lord, J., Lancs., H.V. trg.—MacCabe, M. A., Surrey, retirement—McMechan, R., Cheshire, other work—Marshall, Mrs. J., Norfolk, personal—Maxwell, F., Essex, work abroad—Montgomery, Mrs. P., Rochdale, personal—Murphy, Mrs. K., Liverpool, personal—Nevel, Mrs. B., Essex, personal—Porcher, A., Cumberland, new post—Potter, I. M., Yorks. W.R., new post—Puttock, K. P. J., W. Sussex, other work—Richardson, Mrs. M. V., Essex, personal—Scholes, E. I. W., Lancs., personal—Seabrook, P. G., Dorset, retirement—Smith, Mrs. E. N., Kensington, personal—Smith, M., Yorks. W.R., personal

—Strong, Mrs. P. E., Cornwall, personal—Thomas, Mrs. M., Hammersmith, personal—Thompson, M. A., Norfolk, new post—Trayner, E., Lancs., personal—Walley, J., Yorks. W.R., H.V. trg.—Waight, A., Lancs., H.V.trg.—White, Mrs. N. A., Hammersmith, personal—Williams, M. J., Cornwall, personal—Wood, Mrs. J. C., Bucks., personal.

### SCOTTISH BRANCH APPOINTMENTS

#### Nurses

Bandeem, A. M. J., Forgue—Campbell, C., Stenhousemuir—Emslie, L., Tarland—Finlayson, J., Kiltarlity—McHattie, M., Belhelvie—MacVicar, M., Luig—Ross, M. M., Slamannan—Thomson, I. B. M., Elgin.

### REJOINERS

Harris, A. L., Ayrshire, C.R.N.—Marshall, M. S., Balfon.

### RESIGNATIONS

Asiedu, Mrs. V. L., Glasgow (Dennistoun), other work—Beckles, S. L., Glasgow (Strathbungo), work abroad—Cairns, M. R., Fair Isle, retired—Carlin, M., Glasgow (Govan), other work—Hamilton, C., Glasgow (Strathbungo), marriage—Howat, Mrs. D., Glasgow (Govan), other work—Laing, Mrs. S., Edinburgh, home reasons—McInnes, M., Kiltarlity, retired—McNicol, J. S., Roslin, other work—MacWhinnie, B., Ayr, retired—Murdoch, J. E. H., Cumnock, marriage—Nicolson, H. B., Glasgow (Bath St.), other work—Ross, J. N., Lerwick, other work—Smith, S. C., Glasgow (Govan), other work—Stewart, Mrs. H., Glasgow (Bath St.), home reasons—Stewart, I., Glasgow (Bath St.), other work—Turner, E. M., Glasgow (King's Park), home reasons—Waddell, Mrs. J., Greenock, home reasons—West, Mrs. J., Glasgow (Springburn), home reasons.

### Association of District Nurses

#### ANNUAL DINNER

THE annual dinner will be held at the Midland Hotel, New Street, Birmingham 2, on Saturday, 5th November 1960 at 7.30 p.m.

Evening or afternoon dress. Members may bring a friend.

Tickets £1 5s 0d each (excluding wines) on receipt of remittance from:—

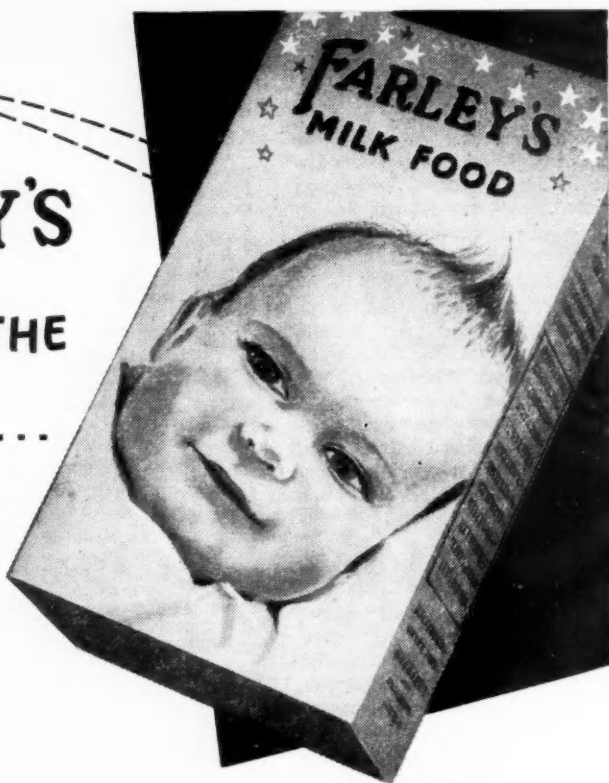
Mrs. A. Hartland, 50, Gristhorpe Road, Selly Oak, Birmingham 29, not later than 22nd October 1960.

A list of hotels will be sent with tickets.

#### INCOME TAX RELIEF

Members of the Association of District Nurses may now claim relief from income tax on the whole of the annual subscription to the Association. All members should apply as soon as possible to the local tax office for form P 358.

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## CLASSIFIED ADVERTISEMENTS

Advertisements for this section can be received up to first post on the 2nd of the month for publication on the 10th. They should be sent direct to: District Nursing, 57 Lower Belgrave Street, London, S.W.1. Telephone Sloane 0355.  
Rates: Displayed Setting: 17s. 6d. per single column inch: £2 per double column inch. Personal, 2½d. per word (minimum 12 words, 2s. 6d.): all other sections, 3d. per word (minimum, 12 words 3s.). Ruled border 5s. extra

### HEREFORDSHIRE COUNTY COUNCIL

Applications are invited for the following appointments:

#### District Nurse/Midwives (motorists)

District Nurse/Midwives with or without Health Visitor's Certificate to undertake generalised or combined duties according to qualification, in the following districts: **Ocle Pychard and Holmer**, near Hereford.

Double district—would suit two friends; normally off duty together. New detached house, furnished or unfurnished.

**Brimfield**, Salop border. House, furnished or unfurnished.

**Leominster**, new house in course of erection. **Pontrilas**, Monmouthshire border. New house in course of erection.

**Wellington**, between Hereford and Leominster. House to be provided.

**Kingsland**, near Leominster. House to be provided.

#### District Midwives or District Nurse/Midwives (motorists or cyclists)

**Hereford**, pleasant urban area. Modern houses, furnished or unfurnished.

#### Health Visitor/School Nurse (motorist)

**Ross-on-Wye**. Relief duties based on Ross. Own living arrangements.

#### District Training Scholarships

Scholarships are offered at recognised training centres outside the County for: **District Training**. For S.R.N., S.C.M., Combined home nursing/midwifery duties to follow for twelve months on completion of training.

Application forms and terms of appointments and scholarships may be obtained from the County Medical Officer, 35, Bridge Street, Hereford.

### KINGSTON UPON HULL CORPORATION HEALTH DEPARTMENT

#### Deputy Superintendent Home Nursing Service

Applications are invited from suitably qualified State Registered Nurses for the non-Resident appointment of Deputy Superintendent Home Nursing Service. The Authority has been approved for the training of District Nurses.

Salary £750 per annum, rising by four annual increments of £30 to £870 per annum.

Forms of application and conditions of appointment may be obtained from the Medical Officer of Health, Guildhall, Kingston upon Hull, to whom completed application forms should be returned not later than 15th October 1960.

### WESTMORLAND COUNTY COUNCIL Nursing Services

**Appleby**. District Nurse/Midwife/Health Visitor required for this attractive rural area in North Westmorland. Health Visitors Certificate desirable. New house, furnished or unfurnished, and car or allowance for own car.

Apply to County Medical Officer, County Hall, Kendal.

### SOMERSET COUNTY COUNCIL

(Midwifery and Nursing Services)

#### Health Visitor

**Keynsham** (near Bath). Combined maternity and child welfare work. Fast developing new area.

**Yeovil**. Duties consist of maternity and child welfare and school work in borough.

To work in group of four health visitors.

**Clevedon** (near Bristol). Duties consist of maternity and child welfare and school work in urban district.

**Combined Posts**—S.R.N., S.C.M., H.V. (Queen's Nurses preferred) or willing to train. Motorists essential. Cars available. Financial help given with driving tuition.

**Highbridge**. Adjacent to Burnham-on-Sea. Two nurses required. Compact small house available, furnished or unfurnished.

**Corston** (near Bath). Single district. House being built.

**Bathaston** (adjoining Bath). Single district in group of four nurses. House available.

**Winford** (near Bristol). Single district. House to be built.

**Nurse/Midwife** required, S.R.N., S.C.M. preferably with district training.

**Frome**. Car available. Comfortable Nurses' Home.

For further particulars apply: County Medical Officer of Health, County Hall, Taunton.

### CLACKMANNAN COUNTY COUNCIL

**District Nurse/Midwife** required for County District. Queen's training preferred. Accommodation provided. Whitley Council Scale and Conditions of Service. Superannuated post and medical examination. Application, giving full personal details, qualifications and experience, to Medical Officer of Health, Bedford Place, Alloa.

### LOW INCOME TAX

#### if you work in the ISLE OF MAN

Vacancy in Douglas for Queen's nurse/midwife, or S.R.N., S.C.M. willing to take Queen's training before taking up duties in the island.

Car driver, accommodation provided if required, Whitley salary and conditions of service.

Further information and application forms from the Superintendent Nursing Officer, 3 Harris Terrace, Douglas, Isle of Man.

### CITY OF OXFORD DISTRICT NURSING SERVICE Queen's Training Home

Vacancies for S.R.N.s who are Midwives or Health Visitors for three month District Training. Courses commencing 2nd week in October 1960 and 4th week in January 1961.

Applications to Superintendent, 39-41 Banbury Road, Oxford.

### GLOUCESTER DISTRICT

#### NURSING SOCIETY

**Domiciliary Midwife** wanted for Part II Midwifery Training School.

For particulars apply to: The Superintendent, 14 Clarence Street, Gloucester.

### QUEEN'S INSTITUTE

#### William Rathbone Staff College

**Course in Community Health Administration**  
Applications are invited from General State Registered Nurses who are (a) district nurses, midwives or health visitors with at least three years' experience in the field; or (b) hospital sisters with at least three years' post-certificate experience who wish to gain a wider knowledge of public health nursing, for the Course in Community Health Administration beginning on Wednesday, 12th April, 1961.

Further information and details of available scholarships may be obtained from The Principal, William Rathbone Staff College, 1 Princes Road, Liverpool 8.

### QUEEN'S INSTITUTE

#### William Rathbone Staff College

**Residential Course for Nursing Staff from Teaching Hospitals and Public Health Field.**  
23rd February to 2nd March, 1961 inclusive. This course will include lectures and group discussions on leadership, administration and teaching method.

Fees for this course: for those from areas affiliated to and in membership with the Queen's Institute £14. 14. 0; for those from non-member areas £16. 16. 0.

**Ten Days Residential Refresher Courses in District Nursing for Assistant Nurse/Midwives and/or State Enrolled Assistant Nurses.**  
10th January to 20th January 1961 incl., 31st January to 10th February 1961 incl., 7th March to 17th March 1961 incl.

Fees for this course: for those from areas affiliated to and in membership with the Queen's Institute £20. 0. 0; for those from non-member areas £22. 0. 0.

Applications for attendance at the above courses should be made to the Education Department, Q.I.D.N., 57, Lower Belgrave Street, London, S.W.1.

Early booking is advisable for all courses.

### QUEEN'S NURSES' BENEVOLENT FUND CHRISTMAS APPEAL

Please send your personal gift, or the result of the special efforts being organised, to Miss Ivett, St. Anthony's, Marine Hill, Clevedon, Somerset, not later than the middle of November, when the Committee will allocate your gifts to the Annuitants of this fund. Please mark your letters "Christmas Appeal".

The Committee much appreciate the generous response to this appeal given by colleagues in previous years, and are confident that the response will be no less generous this year.

Other Advertisements on p. 164

#### **NORTH LONDON DISTRICT NURSING ASSOCIATION**

An experienced Queen's Nurse required as **Assistant Superintendent** to assist with practical training of Student District Nurses. Staff approximately 40. General work only.

#### **NEW AUSTIN CARS**

Reduced Hire Purchase and Insurance rates to members of Nursing Profession. Seven, A.40 and A.55 Saloons from £108 1s 4d down, 24 monthly instalments £20 4s 0d. Free Brochures. Austin House (D.N.), Highfield, London, N.W.11.

#### **THE MARIE CURIE MEMORIAL FOUNDATION**

The Autumn Flower Fair will be held at Londonderry House, Park Lane, London, W.1, on Tuesday and Wednesday, 1st and 2nd November from 11 a.m. to 7.30 p.m., and opened by Dame Sybil Thorndike.

## **HAVE YOU MOVED HOUSE?**

A number of copies of the journal have recently been returned to us marked "Gone away".

To ensure that you receive your copy promptly and regularly, please notify us of your change of address, before the 1st of the month if possible.

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## **Disabled Living Research**

**A** DISABLED living research unit, named the Mary Marlborough Lodge, has been built by the National Fund for Research into Poliomyelitis and other Crippling Diseases, in the grounds of the Nuffield Orthopaedic Centre, Oxford. Professor J. Trueta, Nuffield Professor of Orthopaedic Surgery will direct the unit whose purpose is to study and advise on the problems of daily living encountered by the severely disabled patient at home.

There are twelve beds for patients and the relatives who may need to accompany them in order to learn how to help them. Two of the beds are in a small flat so that a patient and a relative can practise life at home while still under skilled supervision.

In the residential wing are facilities for the disabled to practise dressing, toilet and bathing, and to select different aids, and such things as the height of furniture which they may need at home. In the day wing are a kitchen for the disabled, a utility room and a work assessment room where daytime activities can be practised and the needs for special aids and house modifica-

tions assessed. Here, too, is a workshop for designing and fitting special aids, including ball-bearing feeders and artificial muscles, with a full-time technician specialist in charge.

The unit is financed by the Oxford Regional Hospital Board who accept without regional restriction patients eligible for treatment under the National Health Service.

Patients disabled by poliomyelitis will have priority for admission but others with suitable locomotor disabilities will also be accepted regardless of the specific causative disease.

The unit is not intended for long-stay cases, but for the admission of patients for relatively short periods, varying from a few days to, at the most, two or three months, so that they can (1) learn how to live with their disabilities as independently as possible, (2) select from the range of special aids those most suited to their use and (3) be fitted with the recently developed aids for the severely paralysed.

Enquiries should be made either to Dr. Margaret Agerholm or to the Warden, Miss Wanda Williams, Mary Marlborough Lodge, Nuffield Orthopaedic Centre, Oxford.





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